

Fill in this information to identify the case:

Debtor name SEELOS THERAPEUTICS, INC.
United States Bankruptcy Court for the: Southern District of New York
Case number (if known): 24-11987 (State)

☒ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>133,311,353.73</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>133,311,353.73</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>8,926,974.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$ <u>405,248.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$ <u>17,736,740.00</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>27,068,962.00</u>

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United States Bankruptcy Court for the: Southern District of New York

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Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

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A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	The General Hospital Corporation 55 Fruit St Boston, MA, 02114		Services	Disputed			4,702,058.00
2	Syneos Health, LLC 1030 Sync Street Morrisville, NC, 27560		Services				3,500,648.00
3	PCM Trials 709 N. Clarkson St Wayne, PA, 19087		Services				3,162,849.00
4	Paul Hastings LLP 1117 S. California Ave. Palo Alto, CA, 94304-1106		Services				1,463,298.00
5	Avantor delivered by VWR International 100 Matsonford Road, Bldg 1, Ste 200 Radnor, PA, 19087		Services				1,293,435.00
6	Aptar Pharma 250 North Route 303 Congers, NY, 10920		Services				600,000.00
7	ClinChoice 1300 Virginia Drive Suite 408 Fort Washington, PA, 19034		Services				587,007.00
8	PCI Pharma Services 4545 Assembly Drive Rockford, IL, 61109		Services				554,613.00

Debtor SEELOS THERAPEUTICS, INC.

Name

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	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Fish & Richardson, P.C. 3200 RBC Plaza 60 South Sixth Street Minneapolis, MN, 55402		Services				495,767.00
10	Lifesci Advisors, LLC 1700 Broadway 40th Floor New York, NY, 10019		Services				218,083.00
11	Broadridge Financial Solutions PO Box 416423 Boston, MA, 02241		Services				213,186.00
12	Fresenius Kabi Contract Manufacturing BOKS 430 1753 Halden Norway		Services				197,474.00
13	Summit Biosciences, Inc. 1513 Bull Lea Road Lexington, KY, 40511		Services				178,699.00
14	First Insurance Funding 450 Skokie Boulevard Suite 1000 Northbrook, IL, 60062		Services				144,837.00
15	Toppan Merrill, LLC PO Box 74007295 Chicago, IL, 60674		Services				120,107.00
16	Altasciences Company, Inc. 5630 Cerritos Avenue Cypress, CA, 90630		Services				109,915.00
17	Inotiv, Inc. 2701 Kent Avenue West Lafayette, IN, 47906		Services				106,163.00
18	Protiviti 12269 Collections Center Drive Chicago, IL, 60693		Services				91,510.00
19	KPMG LLP Dept 0511 PO Box 120511 Dallas, TX, 75312-0511		Services				75,000.00
20	Denovo 374 Centennial Parkway Suite 220 Louisville, CO, 80027		Services				72,322.00

Fill in this information to identify the case:

Debtor name SEELOS THERAPEUTICS, INC.United States Bankruptcy Court for the: Southern District of New YorkCase number (if known): 24-11987☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Westpac Australia	Checking	8 3 9 2	\$ 49,000.00
3.2. See continuation sheet			\$ 39,788.31

4. Other cash equivalents (Identify all)

4.1.	\$
4.2.	\$

5. Total of Part 1

\$ 88,788.31

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. 300 Park Avenue, Inc.	\$ 6,600.00
7.2.	\$

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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Clinical Trial Costs	\$ 1,250,869.42
8.2. See continuation sheet	\$ 214,891.00

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 1,472,360.42

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	_____	-	_____	= →	\$ _____
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	_____	-	_____	= →	\$ _____
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. Apricus Pharmaceuticals USA Inc.	100 %	_____	\$ 0.00
15.2. See continuation sheet	_____ %	_____	\$ 0.00

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

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Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
See attached	12/04/2024	\$ _____	_____	0.00
	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ 0.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples: Livestock, poultry, farm-raised fish</i>			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

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33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. Is a depreciation schedule available for any of the property listed in Part 7?☐ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☐ Yes

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SEELOS THERAPEUTICS, INC.

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Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?☐ No☐ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☐ No☐ Yes

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Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ _____
57. Is a depreciation schedule available for any of the property listed in Part 9? <input type="checkbox"/> No <input type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest	
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____	
61. Internet domain names and websites	\$ _____	_____	\$ _____	
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____	
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____	
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____	
65. Goodwill	\$ _____	_____	\$ _____	
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.				\$ _____

Debtor

SEELOS THERAPEUTICS, INC.

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

0.00

0.00

= →

\$ 0.00

Total face amount

doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Net Operating Loss

Tax year 2023

\$ 131,750,205.00

Tax year

\$

Tax year

\$

73. Interests in insurance policies or annuities

\$

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$

Nature of claim

Amount requested

\$

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$

Nature of claim

Amount requested

\$

76. Trusts, equitable or future interests in property

\$

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$

\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 131,750,205.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

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Case number (if known)

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 88,788.31	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 1,472,360.42	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 131,750,205.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 133,311,353.73	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	133,311,353.73	\$ 133,311,353.73

SEELOS THERAPEUTICS, INC.

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B**3) Checking, savings, money market, or financial brokerage accounts****General description Type of account Last 4 digits of account number**

First Bank Checking 7471

Balance: 520.43

TD Bank Checking 1379

Balance: 39,267.71

TD Bank Money Market 0374

Balance: 0.17

8) Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**General description Current value**

AUS Prepaids \$20,141.00

Corporate Insurance \$130,000.00

G&A Costs \$64,750.00

15) Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**General description % of ownership Valuation method Current value**

Nexmed Holdings, 100% 0.00

Inc.

Nemed (USA) Inc. 100% 0.00

Seelos Corporation 100% 0.00

Fill in this information to identify the case:Debtor name SEELOS THERAPEUTICS, INC.United States Bankruptcy Court for the: Southern District of New YorkCase number (if known): 24-11987☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim****2.1 Creditor's name**The Lind Partners, LLC**Describe debtor's property that is subject to a lien**\$ 8,926,974.00\$ 0.00**Creditor's mailing address**444 Madison Avenue
41st Floor, New York, NY 10022**Describe the lien****Creditor's email address, if known**jeaston@thelindpartners.com**Date debt was incurred** 11/23/2021**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor,

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.2 Creditor's name**Describe debtor's property that is subject to a lien**

\$ _____ \$ _____

Creditor's mailing address**Creditor's email address, if known****Date debt was incurred** _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☐ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien**Is the creditor an insider or related party?**

- ☐ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 8,926,974.00

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

[illegible]

Fill in this information to identify the case:Debtor SEELOS THERAPEUTICS, INC.United States Bankruptcy Court for the: Southern District of New YorkCase number 24-11987
(If known)☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

Anthony Marciano
 138 Siwanoy Blvd
 Eastchester, NY 10709

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (4)As of the petition filing date, the claim is: \$ 29,070.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
 Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

Priority amount

\$ 15,150.00**2.2 Priority creditor's name and mailing address**

Gopal Krishna
 19 Castle Ct
 Randolph, NJ 07869

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (4)As of the petition filing date, the claim is: \$ 31,404.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
 Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 31,404.00\$ 15,150.00**2.3 Priority creditor's name and mailing address**

Karen Fusaro
 253 Ashland Rd.
 Summit, NJ 07901

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (4)As of the petition filing date, the claim is: \$ 66,000.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
 Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 66,000.00\$ 15,150.00

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴ Priority creditor's name and mailing address

\$ 33,333.00

\$ 15,150.00

Krishna Subramanian
8923 Ringview Dr
Mechanicsville, VA 23116

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁵ Priority creditor's name and mailing address

\$ 34,781.00

\$ 15,150.00

Luke Pilipski
29 Philemon Whale Ln
Sudbury, MA 01776

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁶ Priority creditor's name and mailing address

\$ 66,406.00

\$ 15,150.00

Michael Golembiewski
7 Turtle Ct
Flemington, NJ 08822

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁷ Priority creditor's name and mailing address

\$ 103,942.00

\$ 15,150.00

Raj Mehra
209 Lukes Wood Road
New Canaan, CT 06840

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1.

Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2. ⁸	<div>Priority creditor's name and mailing address</div> <div>Robert Todd 1 Buchanan Rd. West Roxbury, MA 02132</div> <div><div>Date or dates debt was incurred</div><div></div><div>Last 4 digits of account number</div><div></div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div><div>Basis for the claim:</div><div>Wages, Salaries, Commissions</div></div> <div><div>Is the claim subject to offset?</div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$40,312.00</div> <div>\$15,150.00</div>
2.	<div>Priority creditor's name and mailing address</div> <div></div> <div><div>Date or dates debt was incurred</div><div></div><div>Last 4 digits of account number</div><div></div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div><div>Basis for the claim:</div><div></div></div> <div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$</div> <div>\$</div>
2.	<div>Priority creditor's name and mailing address</div> <div></div> <div><div>Date or dates debt was incurred</div><div></div><div>Last 4 digits of account number</div><div></div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div><div>Basis for the claim:</div><div></div></div> <div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$</div> <div>\$</div>
2.	<div>Priority creditor's name and mailing address</div> <div></div> <div><div>Date or dates debt was incurred</div><div></div><div>Last 4 digits of account number</div><div></div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div><div>Basis for the claim:</div><div></div></div> <div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$</div> <div>\$</div>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Agilex c/o Marshall Freeman 28 Dalgleish Street Thebarton SA 5031	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 0.00
3.2	Nonpriority creditor's name and mailing address Altasciences Company, Inc. 5630 Cerritos Avenue Cypress, CA 90630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 109,915.00
3.3	Nonpriority creditor's name and mailing address American Express PO Box 981537 El Paso, TX 79998	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 12,000.00
3.4	Nonpriority creditor's name and mailing address AON 29695 Network Place Chicago, IL 60673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 8,802.00
3.5	Nonpriority creditor's name and mailing address Aptar Pharma 250 North Route 303 Congers, NY 10920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 600,000.00
3.6	Nonpriority creditor's name and mailing address ASHBY 500 Delaware Ave. PO Box 1150 Wilmington, DE 19899	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 26,921.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address Avance 213 Glynburn Road Firie South Australia 5070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ⁸	Nonpriority creditor's name and mailing address Avantor delivered by VWR International 100 Matsonford Road, Bldg 1, Ste 200 Radnor, PA 19087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,293,435.00
3. ⁹	Nonpriority creditor's name and mailing address BHS 6225 Smith Ave. Ste. 203 Baltimore, MD 21209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,000.00
3. ¹⁰	Nonpriority creditor's name and mailing address Brian W. Lian PO Box 7037 Rancho Santa Fe, CA 92067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Board Compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 89,090.00
3. ¹¹	Nonpriority creditor's name and mailing address Broadridge Financial Solutions PO Box 416423 Boston, MA 02241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 213,186.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Brownstein Hyatt Farber Schreck, LLP 675 15th Street Suite 2900 Denver, CO 80202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 25,213.00
3. ¹³	Nonpriority creditor's name and mailing address CAERUS MARKETING GRO 1315 Lincoln Blvd #270 Santa Monica, CA 90401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 66,575.00
3. ¹⁴	Nonpriority creditor's name and mailing address Cenrg PO Box 634 Cardiff by the Sea, CA 92007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 9,000.00
3. ¹⁵	Nonpriority creditor's name and mailing address CFGH Holdings, LLC 1 Lincoln Street Suite 1301 Boston, MA 2111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 26,313.00
3. ¹⁶	Nonpriority creditor's name and mailing address Charles River 251 Ballardvale St. Wilmington, MA 01887-1096	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 4,509.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>17</u>	Nonpriority creditor's name and mailing address Cision 1785 Greensboro Station 8th floor McLean , VA 22102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>10,251.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>18</u>	Nonpriority creditor's name and mailing address ClearBridge Compensation Group LLC 10 E 53rd St 24th Floor New York, NY 10022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>21,093.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>19</u>	Nonpriority creditor's name and mailing address ClinChoice 1300 Virginia Drive Suite 408 Fort Washington, PA 19034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>587,007.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>20</u>	Nonpriority creditor's name and mailing address Concur Technologies, Inc 601 108th Avenue NE Suite 1000 Bellevue, WA 98004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>829.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>21</u>	Nonpriority creditor's name and mailing address CT Corporation PO Box 4349 Carol Stream, IL 60197-4349	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>2,885.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²²	Nonpriority creditor's name and mailing address Daniel James O'Connor 13 East Welling Ave Pennington, NJ 08534-3321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Board Compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 33,425.00
3. ²³	Nonpriority creditor's name and mailing address Denovo 374 Centennial Parkway Suite 220 Louisville, CO 80027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 72,322.00
3. ²⁴	Nonpriority creditor's name and mailing address Digital Edge 102 Meriden Dr. Hockessin, DE 19707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 5,547.00
3. ²⁵	Nonpriority creditor's name and mailing address Donohoe Advisors 9801 Washingtonian Blvd Suite 340 Rockville, MD 20850	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 5,265.00
3. ²⁶	Nonpriority creditor's name and mailing address Duke University Office of Translation 2812 Erwin Rd Ste 406 Durham, NC 27705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 26,018.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²⁷	Nonpriority creditor's name and mailing address EPL Pathology Archives, LLC 45610 Terminal Dr Sterling, VA 20166	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 7,034.00
3. ²⁸	Nonpriority creditor's name and mailing address Equinity Trust PO Box 856686 Minneapolis, MN 55485	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 7,689.00
3. ²⁹	Nonpriority creditor's name and mailing address Evotec Mnafred Eigen Campus Essener Bogen 7 Hamburg, WY	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 50,561.00
3. ³⁰	Nonpriority creditor's name and mailing address FGK Representative Services HRB Munchen Munich, MI	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,365.00
3. ³¹	Nonpriority creditor's name and mailing address First Insurance Funding 450 Skokie Boulevard Suite 1000 Northbrook, IL 60062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 144,837.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³²	Nonpriority creditor's name and mailing address Fish & Richardson, P.C. 3200 RBC Plaza 60 South Sixth Street Minneapolis, MN 55402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 495,767.00
3. ³³	Nonpriority creditor's name and mailing address Freemind Group 6 Liberty Square #2783 Boston, MA 2109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 13,300.00
3. ³⁴	Nonpriority creditor's name and mailing address Fresenius Kabi Contract Manufacturing BOKS 430 1753 Halden Norway	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 197,474.00
3. ³⁵	Nonpriority creditor's name and mailing address Frontage Laboratories Inc 700 Pennsylvania Dr. Exton, PA 19341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 34,964.00
3. ³⁶	Nonpriority creditor's name and mailing address Fusion Networks 640 Belle Terre Rd Building G Port Jefferson, NY 11777	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,306.00

Part 2: Additional Page

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Amount of claim

3. ³⁷	Nonpriority creditor's name and mailing address Gray Consulting Inc. DBA Clincierge 190 N. Independence Mall West Suite 201 Philadelphia, PA 19106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 23,295.00
3. ³⁸	Nonpriority creditor's name and mailing address Hilary North Scheler 50 Hillside Ave New Canaan, CT 6840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 784.00
3. ³⁹	Nonpriority creditor's name and mailing address Hyman Phelps & McNamara 700 13th St NW Suite 1200 Washington, DC 20005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 57,167.00
3. ⁴⁰	Nonpriority creditor's name and mailing address Independent Stock Plan Advisors LLC 598 Washington Street Duxbury, MA 2332	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 11,750.00
3. ⁴¹	Nonpriority creditor's name and mailing address Inotiv, Inc. 2701 Kent Avenue West Lafayette, IN 47906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 106,163.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴²	Nonpriority creditor's name and mailing address Jeffrey H. Kordower 1506 East Treasure Cove Drive Gilbert, AZ 85234	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 30,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴³	Nonpriority creditor's name and mailing address Kari Nations 1502 Travis Heights Blvd. Austin, TX 78704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 36,988.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁴	Nonpriority creditor's name and mailing address Kathy Kresmery 2 Kathy Lane Warren, NJ 7059	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,850.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁵	Nonpriority creditor's name and mailing address KPMG LLP Dept 0511 PO Box 120511 Dallas, TX 75312-0511	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 75,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁶	Nonpriority creditor's name and mailing address Life Science Legal LLC 214 South Spring Street Independence, MO 64050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 520.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴⁷ Nonpriority creditor's name and mailing address Lifesci Advisors, LLC 1700 Broadway 40th Floor New York, NY 10019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 218,083.00
3. ⁴⁸ Nonpriority creditor's name and mailing address Margaret Dalesandro 610 Covelly Lane Devon, PA 19333	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Board Compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 74,641.00
3. ⁴⁹ Nonpriority creditor's name and mailing address Marsh McLennan Lockbox 740663 Los Angeles, CA 90074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 11,277.00
3. ⁵⁰ Nonpriority creditor's name and mailing address Mary Naggs PO Box 446 Volcano, HI 96785	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 49,749.00
3. ⁵¹ Nonpriority creditor's name and mailing address Mediant Communications Inc. PO Box 29976 New York, NY 10087-9976	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,305.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵² Nonpriority creditor's name and mailing address MedTag Sarl Rue des Rotafayes 16A 1063 Chapelle sur Moudon, RI	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 10,301.00
3. ⁵³ Nonpriority creditor's name and mailing address Mintz PO Box 4539 Boston, MA 02212-4539	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 571.00
3. ⁵⁴ Nonpriority creditor's name and mailing address MMS Holdings Inc. 6880 Commerce Blvd Canton, MI 48187	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 36,330.00
3. ⁵⁵ Nonpriority creditor's name and mailing address Morrow Sodali LLC 470 West Avenue 3rd Floor Stamford, MA 6902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 38,107.00
3. ⁵⁶ Nonpriority creditor's name and mailing address Nasdaq Corporate Solutions, LLC LBX #11700 P.O. Box 780700 Philadelphia, PA 19178-070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 7,174.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵⁷	Nonpriority creditor's name and mailing address Ottavio Vitolo 71 Westland Avenue Newton, MA 2465	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,083.00
3. ⁵⁸	Nonpriority creditor's name and mailing address PCI Pharma Services 4545 Assembly Drive Rockford, IL 61109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 554,613.00
3. ⁵⁹	Nonpriority creditor's name and mailing address PCI Pharma Services UK Capital Building Tyndall Street Cardiff CF10 4AZ	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,864.00
3. ⁶⁰	Nonpriority creditor's name and mailing address PCM Trials 709 N. Clarkson St Wayne, PA 19087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,162,849.00
3. ⁶¹	Nonpriority creditor's name and mailing address Pharmacology Development Services 3135 Doe Brook Road Collegeville, PA 19426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,000.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶²	Nonpriority creditor's name and mailing address Protiviti 12269 Collections Center Drive Chicago, IL 60693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 91,510.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶³	Nonpriority creditor's name and mailing address Quanterix Corporation 900 Middlesex Turnpike Building 1 Billerica, MA 1821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 29,663.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁴	Nonpriority creditor's name and mailing address Richard W. Pascoe 1816 Great Oaks Drive Raleigh, NC 27608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 83,899.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Board Compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁵	Nonpriority creditor's name and mailing address Say Technologies LLC 85 Willow Road Menlo Park, CA 94025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,055.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁶	Nonpriority creditor's name and mailing address Solvias 480 Neponset St. Bldg. 7 Canton, MA 2021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 26,123.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶⁷	Nonpriority creditor's name and mailing address Studio 300 300 Park Avenue New York, NY 10022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 5,355.00
3. ⁶⁸	Nonpriority creditor's name and mailing address Sullivan & Worcester PO Box 847423 Boston, MA 02284	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 32,730.00
3. ⁶⁹	Nonpriority creditor's name and mailing address Summit Biosciences, Inc. 1513 Bull Lea Road Lexington, KY 40511	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 178,699.00
3. ⁷⁰	Nonpriority creditor's name and mailing address Syneos Health Clinique Inc. PO Box 418302 Boston, MA 02241-8302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 45,730.00
3. ⁷¹	Nonpriority creditor's name and mailing address Syneos Health, LLC 1030 Sync Street Morrisville, NC 27560	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,500,648.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷²	Nonpriority creditor's name and mailing address Synochus, Inc. 100 Baldwin Avenue Unit 10 Woburn, MA 1801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 25,000.00
3. ⁷³	Nonpriority creditor's name and mailing address Tab Service Co. 310 S Racine Ave Chicago, IL 60707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,420.00
3. ⁷⁴	Nonpriority creditor's name and mailing address TeamLogic IT 2 Swamp Rd Newtown, PA 18940	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 50,176.00
3. ⁷⁵	Nonpriority creditor's name and mailing address The Engelke Group 11825 Simpsons Mill Road Keymar, MD 21757	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,550.00
3. ⁷⁶	Nonpriority creditor's name and mailing address The General Hospital Corporation 55 Fruit St Boston, MA 02114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 4,702,058.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷⁷	Nonpriority creditor's name and mailing address The Regents of the University of Califor 1111 Franklin Street 12th Floor Oakland, CA 94607-5200	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 17,799.00
3. ⁷⁸	Nonpriority creditor's name and mailing address Toppan Merrill, LLC PO Box 74007295 Chicago, IL 60674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 120,107.00
3. ⁷⁹	Nonpriority creditor's name and mailing address University of Queensland Brisbane QLD 4072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ⁸⁰	Nonpriority creditor's name and mailing address Vanguard PO Box 28067 New York, NY 10087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,566.00
3. ⁸¹	Nonpriority creditor's name and mailing address Vlasac & cassidy 1989 Arena Drive Suite 2 Hamilton, NJ 8610	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 5,055.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁸²	Nonpriority creditor's name and mailing address Wilks Auslander 825 Eighth Avenue Suite 2900 New York, NY 10019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 16,151.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸³	Nonpriority creditor's name and mailing address WilliamsMarston LLC Department 500 PO Box 4106 Woburn, MA 1888	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 17,672.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁴	Nonpriority creditor's name and mailing address Withum PO Box 5340 Princeton, NJ 8543	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 9,620.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁵	Nonpriority creditor's name and mailing address World Courier Inc PO Box 842325 Boston, MA 2284	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 8,652.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁶	Nonpriority creditor's name and mailing address Yourway Transport, Inc. 6681 Snowdrift Rd Allentown, PA 18106-9353	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 25,140.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 405,248.00

5b. **Total claims from Part 2**

5b.

+

\$ 17,736,740.00

5c. **Total of Parts 1 and 2**

5c.

\$ 18,141,988.00

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name SEELOS THERAPEUTICS, INC.
United States Bankruptcy Court for the: Southern District of New York
Case number (If known): 24-11987 Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Studio Lease Lessee</p> <p>State the term remaining</p> <p>ending on 3/31/2025</p> <p>List the contract number of any government contract</p>	<p>300 Park Avenue, Inc. 300 Park Avenue New York, NY, 10022</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:

Debtor name SEELOS THERAPEUTICS, INC.United States Bankruptcy Court for the: Southern District of New YorkCase number (If known): 24-11987☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1

☐ D
☐ E/F
☐ G

2.2

☐ D
☐ E/F
☐ G

2.3

☐ D
☐ E/F
☐ G

2.4

☐ D
☐ E/F
☐ G

2.5

☐ D
☐ E/F
☐ G

2.6

☐ D
☐ E/F
☐ G

Fill in this information to identify the case:

Debtor name SEELOS THERAPEUTICS, INC.

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): 24-11987

☐ Check if this is an
amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 1,594,043.00

For prior year:

From 01/01/2023 to 12/31/2023
MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 2,203,000.00

For the year before that:

From 01/01/2022 to 12/31/2022
MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 0.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

_____ \$ _____

For prior year:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

Debtor SEELOS THERAPEUTICS, INC.
Name

Case number (if known) 24-11987

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. OTC Markets Creditor's name 300 Vesey Street 12th Floor New York, NY 10282	10/15/2024	\$ 15,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other
3.2. First Insurance Funding Creditor's name 450 Skokie Boulevard Suite 1000 Northbrook, IL 60062	09/18/2024	\$ 74,199.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name		\$	
Relationship to debtor			
4.2. Insider's name		\$	
Relationship to debtor			

Debtor SEELOS THERAPEUTICS, INC.
Name

Case number (if known) 24-11987

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____ Creditor's name		_____	\$ _____
5.2. _____ Creditor's name		_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
_____		_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Altasciences Clinical Los Angeles, Inc. -vs- Seelos Therapeutics, Inc.	Civil Suit	In the Superior Court of the State of Delaware	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number N24C-01-242 FJJ			
7.2. Empery Asset Master Ltd, et al -vs- Seelos Therapeutics, Inc.		Court or agency's name and address Supreme Court of the State of New York, County of New York	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 651525/2024	Civil Suit		

Debtor SEELOS THERAPEUTICS, INC.
Name

Case number (if known) 24-11987

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
<hr/>	<hr/>	\$ <hr/>
Custodian's name	Case title	Court name and address
	<hr/>	<hr/>
	Case number	Name <hr/>
	<hr/>	
	Date of order or assignment	
	<hr/>	

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. <hr/>		<hr/>	\$ <hr/>
Recipient's name		<hr/>	\$ <hr/>
Recipient's relationship to debtor			
<hr/>			
9.2. <hr/>		<hr/>	\$ <hr/>
Recipient's name		<hr/>	\$ <hr/>
Recipient's relationship to debtor			
<hr/>			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
<hr/>	<hr/>	<hr/>	\$ <hr/>

Debtor SEELOS THERAPEUTICS, INC.
Name

Case number (if known) 24-11987

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Office of Gabriel Del Virginia		11/2024	\$ 10,000.00
Address			
30 Wall Street-12th Floor, 12 Floor New York, NY 10005			

Email or website address
gabriel.delvirginia@verizon.net**Who made the payment, if not debtor?**

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____		_____	\$ _____
Address			

Email or website address

_____**Who made the payment, if not debtor?**
_____**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____		_____	\$ _____

Trustee

Debtor SEELOS THERAPEUTICS, INC.
Name _____Case number (if known) 24-11987
_____**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor SEELOS THERAPEUTICS, INC. Case number (if known) 24-11987
Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

Does the debtor have a privacy policy about that information?

- ☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN:

Has the plan been terminated?

- ☐ No
☐ Yes

Debtor SEELOS THERAPEUTICS, INC.
Name Case number (if known) 24-11987**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<div>Name</div>	XXXX—	<div><input type="checkbox"/> Checking</div> <div><input type="checkbox"/> Savings</div> <div><input type="checkbox"/> Money market</div> <div><input type="checkbox"/> Brokerage</div> <div><input type="checkbox"/> Other</div>		\$
18.2.	<div>Name</div>	XXXX—	<div><input type="checkbox"/> Checking</div> <div><input type="checkbox"/> Savings</div> <div><input type="checkbox"/> Money market</div> <div><input type="checkbox"/> Brokerage</div> <div><input type="checkbox"/> Other</div>		\$

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div>			<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>
<div>Address</div>			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div>			<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>
<div>Address</div>			

Debtor SEELOS THERAPEUTICS, INC.
Name

Case number (if known) 24-11987

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
 Name			\$

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
 Case number	 Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
 Name	 Name		

Debtor SEELOS THERAPEUTICS, INC.
Name

Case number (if known) 24-11987

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Nexmed Holdings, Inc. Name 11975 Camino Real Suite 300 San Diego, CA 92130		EIN: 95-4649971 Dates business existed From _____ To _____
25.2. Nexmed (USA) Inc. Name 11975 El Camino Real Suite 300 San Diego, CA 92130		EIN: 95-4649970 Dates business existed From _____ To _____
25.3. Apricus Pharmaceuticals USA Inc. Name 11975 El Camino Real Suite 300 San Diego, CA 92130		EIN: 20-5519609 Dates business existed From _____ To _____

Debtor SEELOS THERAPEUTICS, INC.
Name

Case number (if known) 24-11987

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address

Dates of service

26a.1.

Name

From

To

Name and address

Dates of service

26a.2.

Name

From

To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address

Dates of service

26b.1.

Name

From

To

Name and address

Dates of service

26b.2.

Name

From

To

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Name

Debtor SEELOS THERAPEUTICS, INC. Case number (if known) 24-11987
Name

Name and address

**If any books of account and records are
unavailable, explain why**

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor SEELOS THERAPEUTICS, INC.
Name _____

Case number (if known) 24-11987 _____

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Brian Lian	PO Box 7037, Rancho Santa Fe, CA 92067	Director	
Raj Mehra	209 Lukes Wood Road, New Canaan, CT 06840	CEO	
Richard Pascoe	1816 Great Oaks Drive, Raleigh, NC 27608	Director	
Margaret Dalesandro	610 Covelly Lane, Devon, PA 19333	Director	
Michael Golembiewski	7 Turtle Court, Flemington, NJ 08822	CFO	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Daniel O'Connor	13 East Welling Avenue, Pennington, NJ 08534		01/01/2019 To 05/01/2024
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Raj Mehra Name 209 Lukes Wood Road New Canaan, CT 06840	436,257.00	11/15/2023 09/30/2024 _____ _____	Payroll
Relationship to debtor CEO			

Debtor SEELOS THERAPEUTICS, INC.
Name

Case number (if known) 24-11987

<div style="background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">Name and address of recipient</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 30.2 Michael Golembiewski <small>Name</small> 7 Turtle Court Flemington, NJ 08822 </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">338,616.00</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">11/15/2023</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Payroll</div>
<div style="background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">Relationship to debtor</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">CFO</div>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
	EIN:

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
	EIN:

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/20/2024
MM / DD / YYYY

x /s/ Raj Mehra.

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO

Printed name Raj Mehra

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Debtor Name SEELOS THERAPEUTICS, INC.

Case number (if known) 24-11987

Continuation Sheet for Official Form 207

3) Certain payments or transfers to creditors within 90 days before filing this case
American Express, PO Box \$14,405.89 Credit card debt

981537, El Paso, TX 79998

University of Queensland, \$30,098.43 Services

Brisbane QLD 4072,

Avance, 213 Glynburn \$178,902.88 Services

Road, Firie South

Australia 5070,

PCI Aus, 2/7 Chifley \$29,655.09 Services

Drive, Moorabbin Airport

VIC 3194,

Sullivan & Worcester, PO \$20,000.00 Services

Box 847423, Boston, MA

02284

Agilex c/o, Marshall \$22,955.17 Services

Freeman 28 Dalglish

Street, Thebarton SA

5031,

Equinity Trust, PO Box \$39,387.08 Services

856686, Minneapolis, MN

55485

HLB Mann, Level 5, 10 \$17,449.75 Services

Shelley Street, Sydney,

NSA 2000,

The Flory Institute, \$205,912.33 Services

Kenneth Myer Building

University of Melbourne,

VIC 3010,

7) Legal Actions

The General Hospital Corporation -vs- Seelos Therapeutics, Inc.

1:24-cv-12818

Civil Suit

United States District Court for the District of Massachusetts

Pending

25) Other businesses in which the debtor has or has had an interest

Seelos Corporation 300 Park Avenue 12th 81-3133318

Floor, New York, NY 10022